

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5108 (6-04)	<b>ANNUAL REPORT ON FACILITIES HANDLING CARGOES OF PARTICULAR HAZARD</b>	REPORTS CONTROL SYMBOL <b>G-WLE-14020</b>	
1. REPORTING UNIT		2. CALENDAR YEAR REPORT	
<i>For each Facility handling Cargoes of Particular Hazard (COPH), provide the following:</i>			
3. a. NAME AND OWNER/OPERATOR		b. LOCATION (Address/Pier No./River mile point)	
c. TYPE: <input type="checkbox"/> SHIP/TERMINAL <input type="checkbox"/> BARGE/TERMINAL <input type="checkbox"/> OTHER (Specify) _____			
<i>(For each COPH handled provide the following:)</i>		<i>(For each COPH handled provide the following:)</i>	
d. (1) COPH HANDLED:		d. (1) COPH HANDLED:	
(2) Volume (tons) transferred to facility and number of transfer operations	T O N S	(2) Volume (tons) transferred to facility and number of transfer operations	T O N S
(3) Volume (tons) transferred from facility and number of transfer operations	T O N S	(3) Volume (tons) transferred from facility and number of transfer operations	T O N S
e. ANTICIPATED CHANGES		e. ANTICIPATED CHANGES	
(1) Anticipated increase or decrease in volume of COPH through facility based upon changes in demand or production schedules where no physical alteration of the facility has taken place (Report total new volume in tons)	(a.) Source of information (Owner, Operator, Port Authority, Newspaper, Trade Magazines/Newsletters, Rumor, etc.)	(1) Anticipated increase or decrease in volume of COPH through facility based upon changes in demand or production schedules where no physical alteration of the facility has taken place (Report total new volume in tons)	(a.) Source of information (Owner, Operator, Port Authority, Newspaper, Trade Magazines/Newsletters, Rumor, etc.)
(2) Anticipated increase or decrease in volume due to physical alteration of the facility:	(a.) Source of Information	(2) Anticipated increase or decrease in volume due to physical alteration of the facility:	(a.) Source of Information
(b.) NATURE OF ALTERATION		(b.) NATURE OF ALTERATION	
f. OTHER COMMODITIES REGULATED BY SUBCHAPTER D OR O HANDLED BY THE FACILITY:			
(1) _____		(4) _____	
(2) _____		(5) _____	
(3) _____		(6) _____	
g. ADDITIONAL COPH TO BE HANDLED BY THE FACILITY:			
(1) COPH	(2) Source of Information	(3) Anticipated Volume (In Tons)	(4) Anticipated # Transfers
(a) _____	(a) _____	(a) _____	(a) _____
(b) _____	(b) _____	(b) _____	(b) _____
(c) _____	(c) _____	(c) _____	(c) _____
<i>For new facilities under construction or planned for handling COPH provide the following:</i>			
4. a. OWNER/OPERATOR		b. LOCATION (Address/Pier No./River mile point)	
c. TYPE: <input type="checkbox"/> SHIP/TERMINAL <input type="checkbox"/> BARGE/TERMINAL <input type="checkbox"/> OTHER (Specify) _____			
d. COPH TO BE HANDLED:		e. OPERATIONAL DATE (CY)	
f. ANTICIPATED ANNUAL VOLUME IN TONS		g. ESTIMATED ANNUAL NUMBER OF TRANSFER OPERATIONS	
h. SOURCE OF INFORMATION (Owner, Operator, Port Authority, Newspaper, Trade magazines/newsletters, Rumor, etc.)			
<i>(If additional space is needed for COPH Reporting, Use Reverse)</i>			
DATE SUBMITTED	SIGNATURE OF C.O. OR O.I.C.	<b>DISTRICT REVIEW</b>	
		DATE	SIGNATURE

(For each CPH handled provide the following:)				(For each CPH handled provide the following:)			
d. (1) CPH HANDLED:				d. (1) CPH HANDLED:			
(2) Volume (tons) transferred to facility and number of transfer operations	T O N S		N O. o f T O N S	(2) Volume (tons) transferred to facility and number of transfer operations	T O N S		N O. o f T O N S
(3) Volume (tons) transferred from facility and number of transfer operations	T O N S		N O. o f T O N S	(3) Volume (tons) transferred from facility and number of transfer operations	T O N S		N O. o f T O N S
e. ANTICIPATED CHANGES				e. ANTICIPATED CHANGES			
(1) Anticipated increase or decrease in volume of CPH through facility based upon changes in demand or production schedules where no physical alteration of the facility has taken place (Report total new volume in tons)		(a.) Source of information (Owner, Operator, Port Authority, Newspaper, Trade Magazines/Newsletters, Rumor, etc.)		(1) Anticipated increase or decrease in volume of CPH through facility based upon changes in demand or production schedules where no physical alteration of the facility has taken place (Report total new volume in tons)		(a.) Source of information (Owner, Operator, Port Authority, Newspaper, Trade Magazines/Newsletters, Rumor, etc.)	
(2) Anticipated increase or decrease in volume due to physical alteration of the facility:		(a.) Source of Information		(2) Anticipated increase or decrease in volume due to physical alteration of the facility:		(a.) Source of Information	
(b.) NATURE OF ALTERATION				(b.) NATURE OF ALTERATION			
For new facilities under construction or planned for handling CPH provide the following:							
4. a. OWNER/OPERATOR				b. LOCATION (Address/Pier No./River mile point)			
c. TYPE: <input type="checkbox"/> SHIP/TERMINAL <input type="checkbox"/> BARGE/TERMINAL <input type="checkbox"/> OTHER (Specify)							
d. CPH TO BE HANDLED:				e. OPERATIONAL DATE (CY)			
f. ANTICIPATED ANNUAL VOLUME IN TONS				g. ESTIMATED ANNUAL NUMBER OF TRANSFER OPERATIONS			
h. SOURCE OF INFORMATION (Owner, Operator, Port Authority, Newspaper, Trade magazines/newsletters, Rumor, etc.)							
REMARKS:							